



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

### Anti-infective Agents

**Adamantanes**  
Symmetrel\*  
All covered generics and OTCs

**Amebicides**  
All covered generics and OTCs

**Aminoglycosides**  
All covered generics and OTCs

**Anthelmintics**  
All covered generics and OTCs

**Antifungals**  
Gris-Peg Mycostatin\*  
All covered generics and OTCs

**Antimalarials/Combos**  
Daraprim  
All covered generics and OTCs

**Antituberculosis Agents/Combos**  
All covered generics and OTCs

**Cephalosporins**  
All covered generics and OTCs

**Chloramphenicol**  
All covered generics and OTCs

**Interferons**  
Infergen Pegasys  
All covered generics and OTCs

**Macrolides**  
All covered generics and OTCs

**Miscellaneous Antibacterials**  
Cleocin (oral only)\*  
All covered generics and OTCs

**Miscellaneous Antimycobacterials**  
All covered generics and OTCs

**Miscellaneous Antiprotozoals**  
All covered generics and OTCs

**Miscellaneous Antivirals**  
All covered generics and OTCs

**Miscellaneous B-Lactams**  
All covered generics and OTCs

**Neuraminidase Inhibitors**  
Relenza<sup>†</sup> Tamiflu<sup>†</sup>  
All covered generics and OTCs

**Nucleosides and Nucleotides**  
All covered generics and OTCs

**Penicillins**  
Amoxil\*  
All covered generics and OTCs

**Quinolones**  
All covered generics and OTCs

**Sulfonamides**  
All covered generics and OTCs

**Tetracyclines**  
All covered generics and OTCs

**Urinary Anti-infectives/Combos**  
All covered generics and OTCs

### Behavioral Health

**Alzheimer's Agents**  
Aricept  
All covered generics and OTCs

**Antidepressants**  
Lexapro Luvox CR  
All covered generics and OTCs

**Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting**  
Dexedrine\* Ritalin\*  
Focalin\*  
All covered generics and OTCs

### Behavioral Health (continued)

**Cerebral Stimulants/Agents for ADD/ADHD-Long Acting**  
Adderall XR\* Focalin XR  
Concerta Vyvanse

**Miscellaneous ADHD Agents**  
All covered generics and OTCs

**Sedative/Hypnotics: Barbiturates**  
All covered generics and OTCs

**Sedatives/Hypnotics: Benzodiazepines**  
Diazepam  
All covered generics and OTCs

**Misc Anxiolytics/Sedatives/Hypnotics**  
All covered generics and OTCs

### Cardiovascular Health

**ACE Inhibitors/Combos**  
Aceaon  
All covered generics and OTCs

**Angiotensin-II Receptor Antagonists/Combos**  
Avalide Diovan  
Avapro Diovan HCT  
Benicar Hyzaar  
Benicar HCT Micardis  
Cozaar Micardis HCT  
All covered generics and OTCs

**Alpha-Adrenergic Blocking Agents**  
All covered generics and OTCs

**Antiarrhythmics**  
Norpace\* Norpace CR\*  
All covered generics and OTCs

**Beta-Blockers/Combos**  
All covered generics and OTCs

**Calcium-Channel Blockers/Combos**  
Azor Exforge  
DynaCirc CR  
All covered generics and OTCs

**Cardiotonics**  
Lanoxicaps  
All covered generics and OTCs

**Central Alpha-Agonists/Combos**  
All covered generics and OTCs

**Direct Renin Inhibitors/Combos**  
All covered generics and OTCs

**Direct Vasodilators/Combos**  
All covered generics and OTCs

**Diuretics/Combos**  
All covered generics and OTCs

**Miscellaneous Cardiac Drugs**  
All covered generics and OTCs

**Miscellaneous Hypotensive Agents**  
All covered generics and OTCs

**Nitrates/Nitrites**  
Nitro-Bid  
All covered generics and OTCs

**Peripheral Adrenergic Inhibitors**  
All covered generics and OTCs

**Platelet-Aggregation Inhibitors/Combos**  
All covered generics and OTCs

**Bile Acid Sequestrants**  
All covered generics and OTCs

**Cholesterol Absorption Inhibitors**  
All covered generics and OTCs

**Fibric Acid Derivatives**  
All covered generics and OTCs

**HMG CoA Reductase Inhibitors/Combos**  
Crestor Lescol XL  
Lescol Simcor  
All covered generics and OTCs

**Miscellaneous Antilipemic Agents**  
Niaspan  
All covered generics and OTCs

### Diabetic Agents

**Alpha-Glucosidase Inhibitors**  
Glyset  
All covered generics and OTCs

**Amylinomimetics**  
All covered generics and OTCs

**Biguanides**  
All covered generics and OTCs

**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**  
All covered generics and OTCs

**Incretin Mimetics**  
All covered generics and OTCs

**Insulins**  
Humalog Levemir  
Lantus  
All covered generics and OTCs

**Meglitinides**  
Prandin  
All covered generics and OTCs

**Sulfonylureas**  
All covered generics and OTCs

**Thiazolidinediones**  
Actos Avandia  
All covered generics and OTCs

**Antidiabetic Combination Agents**  
Avandaryl Avandamet  
All covered generics and OTCs

**EENT Preparations**

**Antiallergic Agents**  
Astelin Pataday  
Astepro Patanase  
Optivar Patanol  
All covered generics and OTCs

**Intranasal Corticosteroids**  
Beconase AQ Nasonex  
Nasacort AQ Veramyst  
All covered generics and OTCs

**Vasoconstrictors**  
Tyzine  
All covered generics and OTCs

### Gastrointestinal Agents

**Antiemetics**  
All covered generics and OTCs

**Proton-pump Inhibitors/Combos**  
Aciphex Zegerid  
All covered generics and OTCs  
(generic pantoprazole requires a PA)

**Pain Management/Autonomic Agents**

**Opiate Agonists**  
All covered generics and OTCs

**Opiate Partial Agonists**  
All covered generics and OTCs

**Selective Serotonin Agonists**  
Amerge Relpax  
Maxalt Treximet  
Maxalt MLT  
All covered generics and OTCs

**Skeletal Muscle Relaxants**  
All covered generics and OTCs  
(generic carisoprodol products require a PA)

### Respiratory

**Inhaled Corticosteroids/Combos**  
Advair Diskus Azmacort  
Advair HFA Flovent Diskus  
Aerobid Flovent HFA  
Aerobid-M Qvar  
Asmanex Twisthaler Symbicort  
All covered generics and OTCs

### Respiratory (continued)

**Inhaled Antimuscarinics/Antispasmodics**  
Atrovent HFA Spiriva  
All covered generics and OTCs

**Leukotriene Modifiers**  
Accolate Singulair  
All covered generics and OTCs

**Mast-cell Stabilizers**  
All covered generics and OTCs

**Smooth Muscle Relaxants/Combos**  
All covered generics and OTCs

**Beta-Adrenergic Agonists/Combos**  
Combivent Proventil HFA  
Foradil Serevent Diskus  
Maxair Autohaler Ventolin HFA  
ProAir HFA Xopenex HFA  
All covered generics and OTCs

### Skin and Mucous Membrane Agents

**Antibacterials**  
All covered generics and OTCs

**Antivirals**  
Zovirax  
All covered generics and OTCs

**Antifungals**  
All covered generics and OTCs

**Scabicides and Pediculicides**  
Eurax  
All covered generics and OTCs  
(generic lindane requires a PA)

**Miscellaneous Local Anti-infectives**  
PhisoHex  
All covered generics and OTCs

**Anti-inflammatory Agents**  
Capex Shampoo  
Derma-Smoother/FS  
All covered generics and OTCs

**Antipruritics and Local Anesthetics**  
Pramox  
All covered generics and OTCs

**Astringents**  
All covered generics and OTCs

**Keratolytics**  
All covered generics and OTCs

**Keratoplastics**  
All covered generics and OTCs

**Misc Skin and Mucous Membrane Agents**  
Elidel Protopic  
All covered generics and OTCs

### Women's Health

**Estrogens**  
Cenestin  
Menest  
Premarin (tabs only)  
All covered generics and OTCs

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.